

(Check all that apply.)

# APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT



FOR OFFICE USE ONLY

For filing with Ecology or with County Conservancy Boards

# A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust was  Explain: For drought relief was  (TEMPORARY)		CHANGE No. C64-248  DATE ACCEPTED 04  FEE \$ 10 RE  CHECK No. 1786  SEPA: Exempt	126,01 BY CC'D 4,24,01
**IF MORE SPACE IS NEEDED, AT	TACH ADDITIONAL SI	HEETS (PLEASE PRINT (	OR TYPE CLEARLY)**
1. Applicant Information:			
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
Kershaw Sunnyside Ranches	s, Inc.	(509) 966-5230	(509) 966-3608
ADDRESS 151 Low Road			
CITY Yakima		STATE WA	ZIP CODE 98908
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
same Cl-	+RIST1	( )	
ADDRESS same	BRICKSON		
CITY		STATE	ZIP CODE
2. Water Right Information:  WATER RIGHT OR CLAIM NUMBER  G4-24824C		D NAME(S) haw Sunnyside R	anches Inc
DO YOU OWN THE RIGHT TO BE CHANGED? **Z*YE  IF NO, PROVIDE OWNER(S) NAME:		iam SunnyStue R	anones, inc.
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN	THE LAST FIVE (5) YEAR	RS? XOXYES \( \square\) NO	
Please attach copies of any documentation			
was established. Also, if you have a wate application.			
application.	FOR OFFICE USE O	NLY	

# 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

WELL TAG

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
					12			

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: XX YES \( \Bigcap \) NO PROPOSED: \( \Bigcap \) YES \( \Bigcap \) NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

# 4. Purpose of Use:

### A. Existing

GPM or CFS	ACRE-FT/YR	PERIOD OF USE
1200	950	April 1 to Oct. 31

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
rrigation	1200	950	same

#### 5. Place of Use:

#### A Fxisting

NI	E% NE% Sec	. 33; a	nd E½ E½	Sec. 28, and N	· W	
S	ec. 27; ar	d NW4 A	W\ SW\ S	ec.27 all withir	T.JIN.,	
R	.22 E.W.M.	, Less	rights o	f way.		
		C TIME	P. RGE.	COUNTY	PARCEL#	# OF ACRES
1/4	1/4 SI	C. TW				

			LEGAL DES	CRIPTION	F LANDS WHERE NEW USE I	S PROPOSED:	
	Roza	Irrigat	ion Di	st.			
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
	19				Yakima		
DO YOU	OWN ALL TH	IE LANDS IN	THE PROPO	SED PLACI	E OF USE?   YES   NO	D - IF NO, PROVIDE OWNER	R(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

YES D NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

G4-26388 CANX 5/93

6.	Remarks	and	Other	Relevant	Information	1:
----	---------	-----	-------	----------	-------------	----

sho	ortage on the Roza Irrigation Dist. for the
the	2001 Irrigation season.

#### 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant) (Date)

(Applicant) (Date)

(Water Right Holder) (Date)

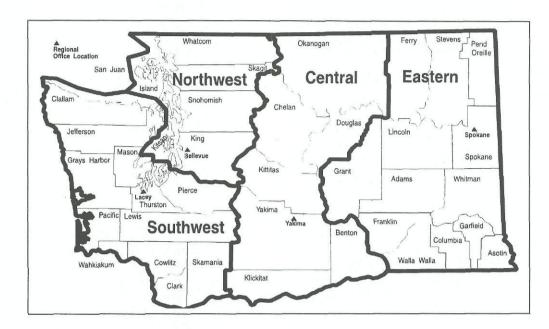
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	ON FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLE
☐ ADDITIONAL SIGNATURES REQUIRED	☐ SECTIONIS INCOME
OTHER/EXPLANATION:	
STAFF:	DATE:/

#### **IMPORTANT!**

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160<sup>th</sup> Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

Ecology is an Equal Opportunity and Affirmative Action employer...